



Expedited Procedure
Amendment After Final
Group 1617

02911.000600

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: San Ming R. Hui
OLUWOLE T. ALOBA ET AL.)	
	:	Group Art Unit: 1617
Application No.: 10/023,748)	
	:	
Filed: December 21, 2001)	
	:	
For: ORAL PHARMACEUTICAL)	
PRODUCTS CONTAINING 17 β -	:	
ESTRADIOL-3-LOWER)	
ALKANOATE, METHOD OF	:	
ADMINISTERING THE SAME AND)	
PROCESS OF PREPARATION	:	May 25, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated February 26, 2004, Applicants respectfully request entry of the present amendment and reconsideration thereof.



AF/1617
EFW

Application of:

Docket No. 02911.000600.

OLUWOLE T. ALOBA ET AL.

Application No.: 10/023,748

Examiner: San Ming R. Hui

Filed: December 21, 2001

Group Art Unit: 1617

For: ORAL PHARMACEUTICAL PRODUCTS
CONTAINING 17 β -ESTRADIOL-3-LOWER
ALKANOATE, METHOD OF ADMINISTERING
THE SAME AND PROCESS OF PREPARATION

Date: May 25, 2004

Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

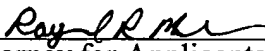
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 10	MINUS	** 45	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 1	MINUS	*** 4	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a one- month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Raymond R. Mandra
Registration No. 34,382

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